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APPLICANTS

Elliot Lach, Framingham, MA;

** CONTINUING DATA *****

This application is a CON of 10/000,459 11/02/2001 PAT 6,673,096
 which claims benefit of 60/245,948 11/03/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	MA	3	20	2

ADDRESS

00959
 LAHIVE & COCKFIELD, LLP.
 28 STATE STREET
 BOSTON, MA
 02109

TITLE

SYSTEM AND METHOD FOR TISSUE TREATMENT

FILING FEE RECEIVED 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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